

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**  
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE **Physical Therapy Re-Evaluation Form** Shoulder Problem

OTSG APPROVED (Date)

- Is Physical Therapy helping to increase your ability to function or decrease your pain/symptoms? ☐ Yes ☐ No
- Symptoms are? ☐ Increasing ☐ Unchanged ☐ Decreasing
- Symptoms are? ☐ Constant ☐ Come/Go ☐ Only with Activity
- Medication Use? ☐ Increasing ☐ Decreasing ☐ Not Helping ☐ Not taking

Mark an "X" on the lines below that best describes your response.

**1. What activity causes the most pain / have most trouble performing?**

**Function:** Rate your ability to perform the *above* activity.

0	1	2	3	4	5	6	7	8	9	10	
Unable to Perform											No restrictions

**2. Pain at WORST: Rate your highest level of pain in past 72 hrs.**

0	1	2	3	4	5	6	7	8	9	10	
No pain											Worst pain Imaginable

**3. Pain at BEST: Rate you lowest level of pain in past 72 hrs.**

0	1	2	3	4	5	6	7	8	9	10	
No pain											Worst pain Imaginable

**Indicate the location and type of pain on the chart:**

Key:

Ache/Dull: ^ ^ ^ ^

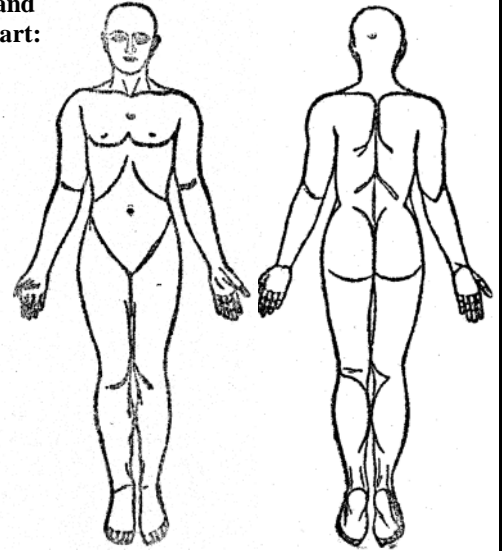
Sharp/Stabbing: x x x x

Numb / Tingling: . . . .

Burning: = = = =

Throbbing: / / / /

Other Pain: - - - -



PATIENT SIGNATURE / PREPARED BY:

DATE

**Provider Notes:**

- ☐ See digital PT progress note in CHCS
- ☐ Patient ed. Completed. Patient verbalizes understanding and concurs with revised plan of care.

REVIEWED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC  
LRMC Physical Therapy  
APO AE 09180 486-8263

DATE

PATIENTS IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; hospital or medical facility)

NAME (Last, First MI):

FMP / SSN (Sponsor): /

GRADE or RANK:

DOB:  
(Patients, dd-mmm-yyyy)

- |   |  |
|---|--|
| <input type="checkbox"/> HISTORY/PHYSICAL                               | <input type="checkbox"/> FLOW CHART      |
| <input checked="" type="checkbox"/> OTHER/EXAMINATION<br>OR EXAMINATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES                             |  |
| <input type="checkbox"/> TREATMENT                                      |  |

**DA FORM 4700**  
1 MAY 78

**MCEUH OP 370-R, APR 96(Rev)**  
DA 4700 Medical Hx Follow Up Form - PFI update 7.doc, Updated 13-May-11

## Shoulder Pain and Disability Index<sup>1</sup>

### Section 1: To be completed by patient

\_\_\_\_\_ AD      \_\_\_\_\_ Non-Active Duty

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of days of shoulder pain: \_\_\_\_\_ (this episode)

### Section 2: To be completed by patient

This questionnaire has been designed to give your therapist information as to how your shoulder pain has affected your ability to manage in every day life. For the following questions, we would like you to score each question on a scale from 0 (no pain) to 10 (worst pain imaginable) that best describes your shoulder over the past **WEEK**. Please read each question and place a number from 0-10 in the corresponding box.

Pain Scale: 0= No Pain      10=Worst Pain Imaginable

	1.	At its worst?		
	2.	When lying on the involved side?		
	3.	Reaching for something on a high self?		
	4.	Touching the back of your neck?		
	5.	Pushing with the involved arm?		

Over the last **WEEK**, how much difficulty did you have?

Disability Scale: 0= No Difficulty    10= So Difficult it Requires Help

	6.	Washing your hair?		
	7.	Washing your back?		
	8.	Putting on an undershirt or pullover/sweater?		
	9.	Putting on a shirt that buttons down the front?		
	10.	Putting on your pants?		
	11.	Placing an object on a high shelf?		
	12.	Carrying a heavy object of 10 pounds?		
	13.	Removing something from your back pocket?		

### Section 3: To be completed by physical therapist/provider

SCORE: \_\_\_\_\_

Initial      F/U at \_\_\_\_ wks      Discharge

Number of treatment sessions: \_\_\_\_\_

Gender:      Male      Female

Diagnosis/ICD-9 Code: \_\_\_\_\_

<sup>1</sup> Adapted from Williams JW: Measuring function with the shoulder pain and disability index. J of Rheumatology 1995; 22:4: 727-32.